

**THIRD CONTACT PROGRAMME**  
**Of**  
**Post Graduate Diploma District Health Management**  
**at Conference Hall (NHSRC)**  
**25<sup>th</sup> September to 1<sup>st</sup> October**



Attended by:

1. Jhimly Baruah
2. Lovepreet Singh
3. Prem Pratap
4. Avinash Sharma
5. Suwesh Kumar
6. Shweta Awasthi
7. Julee Swarnkar
8. Jyoti Malavade
9. Indu Gupta
10. Dr. Anil Chauhan
11. Dr. Sailesh Sutariya
12. Ms. Kahakashan Khan

The third and final contact programme of the first batch of PGDDHM students was held from the 25<sup>th</sup> of September 2010 to the 1<sup>st</sup> of October 2010 at the conference room NHSRC.

#### 25-9-10

The first session of the programme was conducted by Dr. Ganapathy and moderated by Dr Vandana. Dr Ganapathy discussed issues of Right to Health, the concept and the recognition of health rights (International, Constitutional & Statutory) and a discussion on 'right to healthcare' and 'right to healthcare' was discussed in detail. Professional Regulatory Bodies (Medical, Dental, Nursing & Pharmacy) were introduced and discussed.

The second session was facilitated by Dr Vandana Prasad. She continued the session on the module "Legal obligation of the district health system' by discussing on the Right to Information, the Infant Milk (Substitutes) Act and Food Safety in the district was discussed.

The third session of the day "Health sector reform and managing change" was facilitated by Dr Vandana. The session was based on an understanding of health sector reform, the previous 13 modules which intend to build capacities on the various issues of health in the district. The necessity being to fill the gap between building capacities and initiating changes, i.e. to address the constraints that crops up in between. The context of the economic policy framework starting from the 1930s to the 90s was discussed to point to

the growing privatization of the market. Its impact on the health sector and the various phases of the health sector was discussed in detail.

The first day concluded with group work on situation of administration and governance issues from the module 'Issues of Governance and Health Sector Reform'. The group had to discuss on the given situations and present a response.

#### 26-9-10

The first session on 'Log book' was facilitated by Mr. Arun Srivastava. He discussed the various components of the log book, the practical exercises that need to be done by the students individually before the term end examination as well as gave feedback on the exercises done so far.

After this session Ms. Ifat facilitated session on Pre-conception and Pre-natal Diagnostic Techniques (Prohibition of Sex Selection) Act and the Medical Termination of Pregnancy Act. She discussed the two Acts in the context of the growing trend of declining sex ratio. The basic thrust of the PC-PNDT Act was discussed; the misuse of the diagnostic techniques and the legitimate use of the techniques were discussed in detail. This was juxtaposed with the MTP act. She stated that the context of MTP was family planning and maternal mortality; this is the reason for fairly liberal grounds of termination of pregnancy as compared to other countries. She discussed both the acts in detail and also discussed the problems of clubbing it together.

The last session of the day was on Mental Health. The session was facilitated by Dr Nimesh Desai. He spoke of the issue of mental health, the stereotypes and the stigma attached to the issue of mental health and the evolution of the mental health care from an in-patient to an out-patient care. He also suggested a visit to the Shahdara Mental Hospital now Institute of Human Behaviour and Allied Sciences.

#### 27-09-10

The entire day was dedicated to discussion on the module 'Engaging with the Private Sector' and was facilitated by Mr. Arun Nair. The first session was an overview of the functions and types of Health Care Financing. He began this with the functions of a health system (Service Delivery, Resource Creation, Financing and Stewardship) and then moved to health financing functions of revenue collection, risk pooling and purchasing. The advantages and disadvantages of various models of health financing were discussed in this session. An overview of the health financing and expenditure in India ; health insurance trends and major issues were also discussed during the session

The second session was on 'Community risk pooling and health insurance' . Mr. Arun Nair led the discussion on components of health insurance and the process beginning

from fixing the premium to empanelment of providers and members to TPA and monitoring of the scheme. A case study of the RSBY scheme was also given.

The third session of the day was on 'Models of partnership in Health (PPP)'. He began the session with the role of the private sector in health and types of the private sector. He spoke of engaging the private through partnership. He stated that the principle of the partnership should be pro poor; decision should be made jointly; cost and resources should be shared; funding should be output based; accountability and responsibility of the partners should be defined and finally monitoring mechanisms should be in place. He discussed the issues and challenges in PPP under the headings of setting up of standards, systems and design and operational challenges.

28-09-10

The first session "Introduction to public health concepts and epidemiology", was facilitated by Dr Vandana. The importance of looking at epidemics in the evolution of public health was discussed. Major epidemics of the world and the consequent 'sanitary awakening' were discussed. The role of public health in epidemics, the various steps and most importantly the terminologies was discussed during this session.

Ms. Madhurima Nundy facilitated the session on 'Urban Health in policies and model initiatives and Urban Health in the district plan. She began with a definition of an urban area and the classification of cities into categories on the basis of population. She gave the students certain facts of urban areas and shared on the trend of migration. She brought the students to focus on the determinants of urban health and the unique problems of the urban poor and the state of urban health services. She showed a comparison of the mortality and morbidity profile of urban and rural areas. The various policies and programmes in urban health were discussed.

Ms Madhurima also facilitated the next session on 'Issues of Urban Health and special vulnerabilities. She spoke on the vulnerabilities that urban population suffered and the categories that comprise the most vulnerable. She said that the programmes that are made for urban health should be based on principles of equality, freedom from discrimination.

29-9-10

Dr. Baridalyn, Associate Professor, Department of Community Medicine, AIIMS, facilitated the session on 'Approach to Non Communicable Diseases from a public health perspective'. She shared the growing trend of NCD as a public health concern. She dwelled on the sources of data for NCD – Mortality data, Morbidity data and Risk

factors. She also spoke on the behavioral risk factors, the psychological risk factors and the disease outcomes and the importance of studying risk factors through special surveys. She then moved on to the WHO STEPS approach for risk factor surveillance at each step. She also shared and discussed the STEPS Instrument for NCD Risk Factors in detail. She discussed the macro level issues like Legislation in Sale / advertisement of tobacco / alcohol and regulatory framework like food labeling etc. and Guidelines for road transport to promote healthy behaviour.

Mr. Vikrant facilitated the second session on Disaster Management. He discussed the SPHERE handbook – ‘Humanitarian Charter and Minimum Standards in Disaster Response’. He discussed the minimum standards for each disaster situation in detail and also facilitated group work on planning for health care and disaster management during floods for 50 villages’.

30-9-10

The field work was facilitated by Mr. Arun Srivastava and Mobile Crèches. It was a visit to an urban slum wherein the students can do a case study of a resident. The case study had to contain information on recent illnesses, accessibility to healthcare facilities, safe drinking water, health seeking behaviour, expenses on healthcare etc. after this the students also interacted with the Anganwadi and had a discussion with the worker and helper on issues of malnutrition.

The students noted down their case studies in the log book for presentation the following day.

1-9-10

The days’ session began with each student presenting their case study based on field work. After which Ms Sulakshana Nandi facilitated the session on ‘Issues of Tribal Development, Hunger, Nutrition and food security’. She began with the definition of the tribal and the problems of the definition. The major issues of tribal health – access, human resources, burden of communicable diseases, referral transport and lack of infrastructure etc. were discussed. She also shared some strategies for improving access to tribal communities.

The topic ‘Tribal Health and Communicable diseases’ was discussed next. This was discussed with reference to the District Health Action Plan. The overarching principles of planning for tribal health were emphasized. Various strategies for finding and retaining workforce were also discussed. Malaria in Tribal areas was discussed given the background that many of the tribal belt were malaria endemic areas.

The last session of the day ‘Gender issues in tribal context’ was facilitated by Ms. Haripriya. She began with a review of the previous session on Gender (second contact programme) and discussed the difference between gender and sex. She dwelt into the reasons for discussing gender again (in the tribal context). Various myths and facts of

pertaining to tribal societies were discussed. Also earlier discussed practical and strategic gender needs were discussed keeping in mind the tribal context.

Annexure 1:

**Schedule of Presentation:**

<b>Day</b>	<b>Session 1 (1000-1130)</b>	<b>Session 2 ( 1130-1300)</b>	<b>Lunch time</b>	<b>Session 3 ( 1400- 1530)</b>	<b>Tea time</b>	<b>Session 4 ( 1545- 1715)</b>
<b>One</b>	RP CP-2  Public Health management of epidemics	Health Sector Reform & Managing change		Group work (Study of situation given in book and present responses to the situation)		Discussions and queries
<b>Two</b>	RP and  Right to Health: concepts; links to human rights and legal recognition	RTI  IMS act  Food safety in the district		PNDT Act  MTP Act		Discussions and queries
<b>Three</b>	Health Care financing : (Overview Functions and types)	Models of partnership in Health (PPPs).		Community Risk pooling and health insurance		Discussions and queries
<b>Four</b>	Issues of Urban health and special vulnerabilities	Urban Health in policies and Model initiatives		Urban health in district plan		Discussions and queries
<b>Five</b>	RP and Issues of Tribal Development; Hunger, Nutrition and food security	Tribal Health and Communicable diseases		Analyze the topic discussed in the first session with reference to the District Health Plan		Counseling on Assessment process
<b>Six</b>	RP and Urban Poverty and Special vulnerabilities in the Public Health	Field Trip: Visit the nearest urban slum and build a case study after interviewing a resident. The case study should contain information on recent illnesses, accessibility to healthcare facilities, safe drinking water, health seeking behaviour, expenses on healthcare etc.				Discussions and presentation of case studies
<b>Seven</b>	RP and Understanding Natural Disaster and Risk Assessment	Disaster Preparedness and Response		Group work: Plan for health care and disaster management during floods in a group of 50 villages that invariably get cut		Discussion on log book and practical assessment

	and Vulnerability Analysis	Disaster Medicine	off during the rains.	
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